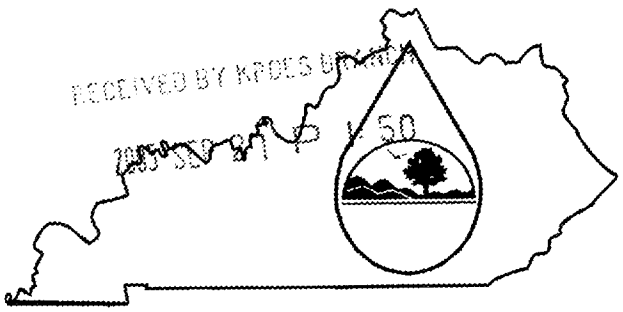
KPDES FORM 1

AI 9/7/2005



KENTUCKY POLLUTANT DISCHARGE ELIMINATION SYSTEM

PERMIT APPLICATION

This is an application to: (check one)

- ☐ Apply for a new permit.
- ☑ Apply for reissuance of expiring permit.
- ☐ Apply for a construction permit.
- ☒ Modify an existing permit.
  Give reason for modification under Item II.A.

A complete application consists of this form and one of the following:
Form A, Form B, Form C, Form F, or Short Form C

For additional information contact:
KPDES Branch (502) 564-3410

UNK 1000

I. FACILITY LOCATION AND CONTACT INFORMATION	AGENCY USE	0	1	0	3	6	7	5

A. Name of business, municipality, company, etc. requesting permit
ASHLAND INC.

B. Facility Name and Location	C. Facility Owner/Mailing Address
Facility Location Name: **ASHLAND, KY**	Owner Name: **ASHLAND INC.**
Facility Location Address (i.e. street, road, etc.): **RT. 469 MILE MARKER 6**	Mailing Street: **P. O. BOX 185**
Facility Location City, State, Zip Code: **MARTHA, KY 41159**	Mailing City, State, Zip Code: **MARTHA, KY 41159**
	Telephone Number: **(606) 652-4111**

II. FACILITY DESCRIPTION

A. Provide a brief description of activities, products, etc: **BIOREMEDIATION BED, STORM WATER (SEE ATTACHMENT)**

B. Standard Industrial Classification (SIC) Code and Description

Principal SIC Code & Description:	**8744**		
Other SIC Codes:			

III. FACILITY LOCATION

A. Attach a U.S. Geological Survey 7 ½ minute quadrangle map for the site. (See instructions)

B. County where facility is located:	City where facility is located (if applicable):
JOHNSON	**APPROX 5.5 MILES SW OF BLAINE, KY**

C. Body of water receiving discharge:
LOSTLICK BRANCH, WHICH FLOWS INTO THE LEFT FORK OF BLAINE CREEK.

D. Facility Site Latitude (degrees, minutes, seconds):	Facility Site Longitude (degrees, minutes, seconds):
LAT: 37° 59' 14" N	**LONG: 82° 55' 58" W**

E. Method used to obtain latitude & longitude (see instructions): **GPS UNIT**

F. Facility Dun and Bradstreet Number (DUNS #) (if applicable): **5A 2**

IV. OWNER/OPERATOR INFORMATION

A. Type of Ownership:

☒ Publicly Owned ☐ Privately Owned ☐ State Owned ☐ Both Public and Private Owned ☐ Federally owned

B. Operator Contact Information (See instructions)

Name of Treatment Plant Operator:	Telephone Number:
ASHLAND INC.	(606) 652-4111

Operator Mailing Address (Street):
P. O. BOX 185 / RT. 469 MILE MARKER 6

Operator Mailing Address (City, State, Zip Code):
MARTHA, KY 41159

Is the operator also the owner?	Is the operator certified? If yes, list certification class and number below:
Yes ☒ No ☐	Yes ☐ No ☐
Certification Class:	Certification Number:

V. EXISTING ENVIRONMENTAL PERMITS

Current NPDES Number:	Issue Date of Current Permit:	Expiration Date of Current Permit:
KYR 31000 KY0103675 KY0104639	OCTOBER 1, 2002 FEBRUARY 1, 2003 DECEMBER 1, 2002	SEPTEMBER 30, 2007 MARCH 31, 2006 MARCH 31, 2006
Number of Times Permit Reissued: 2 1 0	Date of Original Permit Issuance: OCTOBER 1, 1992 JANUARY 1, 2001 DECEMBER 1, 2002	Sludge Disposal Permit Number:
Kentucky DOW Operational Permit #:	Kentucky DSMRE Permit Number(s):	

C. Which of the following additional environmental permit/registration categories will also apply to this facility?

CATEGORY	EXISTING PERMIT WITH NO.	PERMIT NEEDED WITH PLANNED APPLICATION DATE
Air Emission Source	N/A	N/A
Solid or Special Waste	N/A	N/A
Hazardous Waste - Registration or Permit	N/A	N/A

VI. DISCHARGE MONITORING REPORTS (DMRs)

KPDES permit holders are required to submit DMRs to the Division of Water on a regular schedule (as defined by the KPDES permit). The information in this section serves to specifically identify the department, office or individual you designate as responsible for submitting DMR forms to the Division of Water.

A. Name of department, office or official submitting DMRs:	ASHLAND INC. – ENVIRONMENTAL AFFAIRS

B. Address where DMR forms are to be sent. (Complete only if address is different from mailing address in Section I.)

DMR Mailing Name:	(SAME AS SECTION 1)
DMR Mailing Street:	(SAME AS SECTION 1)
DMR Mailing City, State, Zip Code:	(SAME AS SECTION 1)
DMR Official Telephone Number:	(SAME AS SECTION 1)

VII. APPLICATION FILING FEE

KPDES regulations require that a permit applicant pay an application filing fee equal to twenty percent of the permit base fee. Please examine the base and filing fees listed below and in the Form 1 instructions and enclose a check payable to "Kentucky State Treasurer" for the appropriate amount. Descriptions of the base fee amounts are given in the "General Instructions."

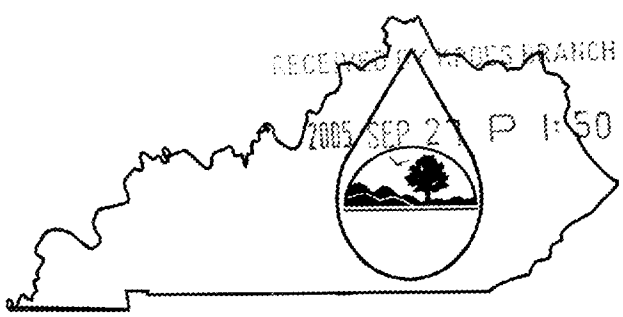
Facility Fee Category:	Filing Fee Enclosed:
NON-PROCESS INDUSTRY MINING	**$1,000.00**

VIII. CERTIFICATION

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

NAME AND OFFICIAL TITLE (type or print):	TELEPHONE NUMBER (area code and number):
JEFFREY L. ROBERTS, OPERATIONS MANAGER **REMEDIATION DEPARTMENT** **ENVIRONMENTAL, HEALTH & SAFETY**	**(606) 652-4111**
SIGNATURE 	DATE: **9/7/2005**

KPDES FORM C



KENTUCKY POLLUTANT DISCHARGE ELIMINATION SYSTEM

PERMIT APPLICATION

A complete application consists of this form and Form 1.
For additional information, contact KPDES Branch, (502) 564-3410.

Name of Facility: **ASHLAND INC. BIOREMEDIATION FACILITY**	County: **JOHNSON**
I. OUTFALL LOCATION	AGENCY USE

For each outfall list the latitude and longitude of its location to the nearest 15 seconds and the name of the receiving water.

Outfall No. (list)	LATITUDE			LONGITUDE			RECEIVING WATER (name)
	Degrees	Minutes	Seconds	Degrees	Minutes	Seconds	
LOCATION A	**37°**	**59'**	**14" N**	**82°**	**55'**	**58" W**	**LOSTLICK BRANCH**

II. FLOWS, SOURCES OF POLLUTION, AND TREATMENT TECHNOLOGIES

A. Attach a line drawing showing the water flow through the facility. Indicate sources of intake water, operations contributing wastewater to the effluent, and treatment units labeled to correspond to the more detailed descriptions in Item B. Construct a water balance on the line drawing by showing average flows between intakes, operations, treatment units, and outfall. If a water balance cannot be determined (e.g., for certain mining activities), provide a pictorial description of the nature and amount of any sources of water and any collection or treatment measures.

B. For each outfall, provide a description of: (1) all operations contributing wastewater to the effluent, including process wastewater, sanitary wastewater, cooling water, and storm water runoff; (2) the average flow contributed by each operation; and (3) the treatment received by the wastewater. Continue on additional sheets if necessary.

OUTFALL NO. (list)	OPERATION(S) CONTRIBUTING FLOW		TREATMENT	
	Operation (list)	Avg/Design Flow (include units)	Description	List Codes from Table C-1
LOCATION A	**Bioremediation bed and storm water runoff**	The facility is used to bio-remediate hydrocarbon contaminated soils. Water is only used in the bio -remediation process to keep the soils at the proper moisture content to maintain bacteria growth. Collected storm water will be used for this process and only in times of drought will make up water be needed. The facility is fully lined with 40 mil. HDPE liner and is permitted with the State of Kentucky Division of Waste Management. Excess storm water will need to be discharged	**Discharge to surface water**	**4A**

II. FLOWS, SOURCES OF POLLUTION, AND TREATMENT TECHNOLOGIES (Continued)

C. Except for storm water runoff, leaks, or spills, are any of the discharges described in Items II-A or B intermittent or seasonal?

☐ Yes (Complete the following table.) ☒ No (Go to Section III.)

OUTFALL NUMBER (list)	OPERATIONS CONTRIBUTING FLOW (list)	FREQUENCY		FLOW				
		Days Per Week (specify average)	Months Per Year (specify average)	Flow Rate (in mgd)		Total volume (specify with units)		Duration (in days)
				Long-Term Average	Maximum Daily	Long-Term Average	Maximum Daily	

III. MAXIMUM PRODUCTION

A. Does an effluent guideline limitation promulgated by EPA under Section 304 of the Clean Water Act apply to your facility?

☐ Yes (Complete Item III-B) List effluent guideline category:

☒ No (Go to Section IV)

B. Are the limitations in the applicable effluent guideline expressed in terms of production (or other measures of operation)?

☐ Yes (Complete Item III-C) ☐ No (Go to Section IV)

C. If you answered "Yes" to Item III-B, list the quantity which represents the actual measurement of your maximum level of production, expressed in the terms and units used in the applicable effluent guideline, and indicate the affected outfalls.

MAXIMUM QUANTITY			Affected Outfalls (list outfall numbers)
Quantity Per Day	Units of Measure	Operation, Product, Material, Etc. (specify)	

IV. IMPROVEMENTS

A. Are you now required by any federal, state or local authority to meet any implementation schedule for the construction, upgrading, or operation of wastewater equipment or practices or any other environmental programs which may affect the discharges described in this application? This includes, but is not limited to, permit conditions, administrative or enforcement orders, enforcement compliance schedule letters, stipulations, court orders and grant or loan conditions.

☐ Yes (Complete the following table) ☒ No (Go to Item IV-B)

IDENTIFICATION OF CONDITION AGREEMENT, ETC.	AFFECTED OUTFALLS		BRIEF DESCRIPTION OF PROJECT	FINAL COMPLIANCE DATE	
	No.	Source of Discharge		Required	Projected

B. OPTIONAL: You may attach additional sheets describing any additional water pollution control programs (or other environmental projects which may affect your discharges) you now have under way or which you plan. Indicate whether each program is now under way or planned, and indicate your actual or planned schedules for construction.

V. INTAKE AND EFFLUENT CHARACTERISTICS

A, B, & C: See instructions before proceeding – Complete one set of tables for each outfall – Annotate the outfall number in the space provided.
NOTE: Tables V-A, V-B, and V-C are included on separate sheets numbered 5-18.

D. Use the space below to list any of the pollutants (refer to SARA Title III, Section 313) listed in Table C-3 of the instructions, which you know or have reason to believe is discharged or may be discharged from any outfall. For every pollutant you list, briefly describe the reasons you believe it to be present and report any analytical data in your possession.

POLLUTANT	SOURCE	POLLUTANT	SOURCE

VI. POTENTIAL DISCHARGES NOT COVERED BY ANALYSIS

A. Is any pollutant listed in Item V-C a substance or a component of a substance which you use or produce, or expect to use or produce over the next 5 years as an immediate or final product or byproduct?

☐ Yes (List all such pollutants below) ☒ No (Go to Item VI-B)

B. Are your operations such that your raw materials, processes, or products can reasonably be expected to vary so that your discharge of pollutants may during the next 5 years exceed two times the maximum values reported in Item V?

☐ Yes (Complete Item VI-C) ☒ No (Go to Item VII)

C. If you answered "Yes" to Item VI-B, explain below and describe in detail to the best of your ability at this time the sources and expected levels of such pollutants which you anticipate will be discharged from each outfall over the next 5 years. Continue on additional sheets if you need more space.

VII. BIOLOGICAL TOXICITY TESTING DATA

Do you have any knowledge of or reason to believe that any biologicd test for acute or chronic toxicity has been made on any of your discharges or on a receiving water in relation to your discharge within the last 3 years?

☐ Yes (Identify the test(s) and describe their purposes below) ☒ No (Go to Section VIII)

VIII. CONTRACT ANALYSIS INFORMATION

Were any of the analyses reported in Item V performed by a contract laboratory or consulting firm?

☒ Yes (list the name, address, and telephone number of, and pollutants analyzed by each such laboratory or firm below) ☐ No (Go to Section IX)

NAME	ADDRESS	TELEPHONE (Area code & number)	POLLUTANTS ANALYZED (list)
Mineral Labs	Box 549 Salyersville, KY 41465	606/349-6145	PH, Chloride, Total Suspended Solids, Oil & Grease, Benzene, Toluene, Ethylbenzene Xylenes, MTBE
Kenvirons	452 Versilles Rd. Frankfort, KY 40601	502/695-4357	Ammonia, Biochemical Oxygen Demand, Chemical Oxygen Demand, Total Organic Carbon, Total Dissolved Solids

IX. CERTIFICATION

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

NAME AND OFFICIAL TITLE (type or print):	TELEPHONE NUMBER (area code and number):
JEFFREY L. ROBERTS, OPERATIONS MANAGER EH&S REMEDIATION DEPARTMENT	(606) 652-4111
SIGNATURE	DATE 9/7/2005

PLEASE PRINT OR TYPE IN THE UNSHADED AREAS ONLY. You may report some or all of this information on separate sheets (use the same format) instead of completing these pages. (See instructions)

⇨Please see Attachment C (Testing)

V. INTAKE AND EFFLUENT CHARACTERISTICS (Continued from page 3 of Form C) — **OUTFALL NO.**

Part A – You must provide the results of at least one analysis for every pollutant in this table. Complete one table for each outfall. See instructions for additional details.

1. POLLUTANT	2. EFFLUENT a. Maximum Daily Value (1) Concentration	2. EFFLUENT a. Maximum Daily Value (2) Mass	2. EFFLUENT b. Maximum 30-Day Value (if available) (1) Concentration	2. EFFLUENT b. Maximum 30-Day Value (if available) (2) Mass	2. EFFLUENT c. Long-Term Avg. Value (if available) (1) Concentration	2. EFFLUENT c. Long-Term Avg. Value (if available) (2) Mass	2. EFFLUENT d. No. of Analyses	3. UNITS (specify if blank) a. Concentration	3. UNITS (specify if blank) b. Mass	4. INTAKE (optional) a. Long-Term Avg. Value (1) Concentration	4. INTAKE (optional) a. Long-Term Avg. Value (2) Mass	4. INTAKE (optional) b. No of Analyses
a. Biochemical Oxygen Demand (BOD)	<6.0 mg/l	mg		1	mg/l	mg						
b. Chemical Oxygen Demand (COD)	39.0 mg/l	mg		1	mg/l	mg						
c. Total Organic Carbon (TOC)	18.6 mg/l	mg		1	mg/l	mg						
d. Total Suspended Solids (TSS)	14.0 mg/l	mg		1	mg/l	mg						
e. Ammonia (as N)	<1.0 mg/l	mg										
f. Flow (in units of MGD)	VALUE <0.000001		VALUE		VALUE			MGD		VALUE		
g. Temperature (winter)	VALUE -18		VALUE		VALUE			°c		VALUE		
h. Temperature (summer)	VALUE 35		VALUE		VALUE			°c		VALUE		
i. pH	MINIMUM 6.43	MAXIMUM 6.80	MINIMUM	MAXIMUM				STANDARD UNITS				

Part B - In the MARK "X" column, place an "X" in the Believed Present column for each pollutant you know or have reason to believe is present. Place an "X" in the Believed Absent column for each pollutant you believe to be absent. If you mark the Believed Present column for any pollutant, you must provide the results of at least one analysis for that pollutant. Complete one table for each outfall. See the instructions for additional details and requirements.

1. POLLUTANT AND CAS NO. (if available)	2. MARK "X"		3. EFFLUENT							4. UNITS		6. INTAKE (optional)		
	a. Believed Present	b. Believed Absent	a. Maximum Daily Value (1) Concentration	a. Maximum Daily Value (2) Mass	b. Maximum 30-Day Value (if available) (1) Concentration	b. Maximum 30-Day Value (if available) (2) Mass	c. Long-Term Avg. Value (if available) (1) Concentration	c. Long-Term Avg. Value (if available) (2) Mass	d. No. of Analyses	a. Concentration	b. Mass	a. Long-Term Avg Value (1) Concentration	a. Long-Term Avg Value (2) Mass	b. No. of Analyses
a. Bromide (24959-67-9)		X												
b. Bromine Total Residual		X												
c. Chloride	X		235.0 mg/l	mg					1	mg/l	mg			
d. Chlorine, Total Residual		X												
e. Color		X												
f. Fecal Coliform		X												
g. Fluoride (16984-48-8)		X												
h. Hardness (as $CaCO_3$)		X												
i. Nitrate - Nitrite (as N)		X												
j. Nitrogen, Total Organic (as N)		X												
k. Oil and Grease	X		<5 mg/l	mg					1	mg/l	mg			
l. Phosphorous (as P), Total 7723-14-0		X												
m. Radioactivity														
(1) Alpha, Total		X												
(2) Beta, Total		X												
(3) Radium Total		X												
(4) Radium, 226, Total		X												

Part B - Continued

1. POLLUTANT And CAS NO. (if available)	2. MARK "X"		3. EFFLUENT							4. UNITS		5. INTAKE (optional)		
	a. Believed Present	b. Believed Absent	a. Maximum Daily Value (1) Concentration	a. Maximum Daily Value (2) Mass	b. Maximum 30-Day Value (if available) (1) Concentration	b. Maximum 30-Day Value (if available) (2) Mass	c. Long-Term Avg. Value (if available) (1) Concentration	c. Long-Term Avg. Value (if available) (2) Mass	d. No. of Analyses	a. Concentration	b. Mass	a. Long-Term Avg. Value (1) Concentration	a. Long-Term Avg. Value (2) Mass	b. No. of Analyses
n. Sulfate (as SO_4) (14808-79-8)		X												
o. Sulfide (as S)		X												
p. Sulfite (as SO_3) (14286-46-3)		X												
q. Surfactants		X												
r. Aluminum, Total (7429-90)		X												
s. Barium, Total (7440-39-3)		X												
t. Boron, Total (7440-42-8)		X												
u. Cobalt, Total (7440-48-4)		X												
v. Iron, Total (7439-89-6)		X												
w. Magnesium Total (7439-96-4)		X												
x. Molybdenum Total (7439-98-7)		X												
y. Manganese, Total (7439-96-6)		X												
z. Tin, Total (7440-31-5)		X												
aa. Titanium, Total (7440-32-6)		X												

Part C – If you are a primary industry and this outfall contains process wastewater, refer to Table C-2 in the instructions to determine which of the GC/MS fractions you must test for. Mark "X" in the **Testing Required** column for all such GC/MS fractions that apply to your industry and for ALL toxic metals, cyanides, and total phenols. If you are not required to mark this column (secondary industries, nonprocess wastewater outfalls, and non-required GC/MS fractions), mark "X" in the **Believed Present** column for each pollutant you know or have reason to believe is present. Mark "X" in the **Believed Absent** column for each pollutant you believe to be absent. If you mark either the **Testing Required** or **Believed Present** columns for any pollutant, you must provide the result of at least one analysis for that pollutant. Note that there are seven pages to this part, please review each carefully. Complete one table (all seven pages) for each outfall. See instructions for additional details and requirements.

1. POLLUTANT And CAS NO. (if available)	2. MARK "X"			3. EFFLUENT							4. UNITS		5. INTAKE (optional)		
	a. Testing Required	a. Believed Present	b. Believed Absent	a. Maximum Daily Value		b. Maximum 30-Day Value (if available)		c. Long-Term Avg. Value (if available)		d. No. of Analyses	a. Concentration	b. Mass	a. Long-Term Avg Value		b. No. of Analyses
				(1) Concentration	(2) Mass	(1) Concentration	(2) Mass	(1) Concentration	(2) Mass				(1) Concentration	(2) Mass	
METALS, CYANIDE AND TOTAL PHENOLS															
1M. Antimony Total (7440-36-0)			X												
2M. Arsenic, Total (7440-38-2)			X												
3M. Beryllium Total (7440-41-7)			X												
4M. Cadmium Total (7440-43-9)			X												
5M. Chromium Total (7440-43-9)			X												
6M. Copper Total (7550-50-8)			X												
7M. Lead Total (7439-92-1)			X												
8M. Mercury Total (7439-97-6)			X												
9M. Nickel, Total (7440-02-0)			X												
10M. Selenium, Total (7782-49-2)			X												
11M. Silver, Total (7440-28-0)			X												

Part C – Continued

1. POLLUTANT And CAS NO. (if available)	2. MARK "X" a. Testing Required	2. MARK "X" a. Believed Present	2. MARK "X" b. Believed Absent	3. EFFLUENT a. Maximum Daily Value (1) Concentration	3. EFFLUENT a. Maximum Daily Value (2) Mass	3. EFFLUENT b. Maximum 30-Day Value (if available) (1) Concentration	3. EFFLUENT b. Maximum 30-Day Value (if available) (2) Mass	3. EFFLUENT c. Long-Term Avg. Value (if available) (1) Concentration	3. EFFLUENT c. Long-Term Avg. Value (if available) (2) Mass	3. EFFLUENT d. No. of Analyses	4. UNITS a. Concentration	4. UNITS b. Mass	5. INTAKE (optional) a. Long-Term Avg Value (1) Concentration	5. INTAKE (optional) a. Long-Term Avg Value (2) Mass	5. INTAKE (optional) b. No. of Analyses
METALS, CYANIDE AND TOTAL PHENOLS (Continued)															
12M. Thallium, Total (7440-28-0)			X												
13M. Zinc, Total (7440-66-6)			X												
14M. Cyanide, Total (57-12-5)			X												
15M. Phenols, Total			X												
DIOXIN															
2,3,7,8 Tetra-chlorodibenzo. P, Dioxin (1784-01-6)			X	DESCRIBE RESULTS:											
GC/MS FRACTION – VOLATILE COMPOUNDS															
1V. Acrolein (107-02-8)			X												
2V. Acrylonitrile (107-13-1)			X												
3V. Benzene (71-43-2)			X												
5V. Bromoform (75-25-2)			X												
6V. Carbon Tetrachloride (56-23-5)			X												
7V. Chloro-benzene (108-90-7)			X												
8V. Chlorodibro-momethane (124-48-1)			X												

Part C – Continued

1. POLLUTANT And CAS NO. (if available)	2. MARK "X"			3. EFFLUENT							4. UNITS		5. INTAKE (optional)		
	a. Testing Required	a. Believed Present	b. Believed Absent	a. Maximum Daily Value (1) Concentration	a. Maximum Daily Value (2) Mass	b. Maximum 30-Day Value (if available) (1) Concentration	b. Maximum 30-Day Value (if available) (2) Mass	c. Long-Term Avg. Value (if available) (1) Concentration	c. Long-Term Avg. Value (if available) (2) Mass	d. No. of Analyses	a. Concentration	b. Mass	a. Long-Term Avg Value (1) Concentration	a. Long-Term Avg Value (2) Mass	b. No. of Analyses
9V. Chloroethane (74-00-3)			X												
10V. 2-Chloro-ethylvinyl Ether (110-75-8)			X												
11V. Chloroform (67-66-3)			X												
12V. Dichloro-bromomethane (75-71-8)			X												
14V. 1,1-Dichloroethane (75-34-3)			X												
15V. 1,2-Dichloroethane (107-06-2)			X												
16V. 1,1-Dichlorethylene (75-35-4)			X												
17V. 1,2-Di-chloropropane (78-87-5)			X												
18V. 1,3-Dichloropro-pylene (452-75-6)			X												
19V. Ethyl-benzene (100-41-4)			X												
20V. Methyl Bromide (74-83-9)			X												

Part C – Continued

1. POLLUTANT And CAS NO. (if available)	2. MARK "X"			3. EFFLUENT							4. UNITS		5. INTAKE (optional)		
	a. Testing Required	a. Believed Present	b. Believed Absent	a. Maximum Daily Value		b. Maximum 30-Day Value (if available)		c. Long-Term Avg. Value (if available)		d. No. of Analyses	a. Concentration	b. Mass	a. Long-Term Avg. Value		b. No. of Analyses
				(1) Concentration	(2) Mass	(1) Concentration	(2) Mass	(1) Concentration	(2) Mass				(1) Concentration	(2) Mass	
21V. Methyl Chloride (74-87-3)			X												
22V. Methylene Chloride (75-00-2)			X												
23V. 1,1,2,2-Tetrachloro-ethane (79-34-5)			X												
24V. Tetrachloro-ethylene (127-18-4)			X												
25V. Toluene (108-88-3)			X												
26V. 1,2-Trans-Dichloro-ethylene (156-60-5)			X												
27V. 1,1,1-Tri-chloroethane (71-55-6)			X												
28V. 1,1,2-Tri-chloroethane (79-00-5)			X												
29V. Trichloro-ethylene (79-01-6)			X												
30V. Vinyl Chloride (75-01-4)			X												

Part C – Continued

1. POLLUTANT And CAS NO. (if available)	2. MARK "X"			3. EFFLUENT							4. UNITS		5. INTAKE (optional)		
	a. Testing Required	a. Believed Present	b. Believed Absent	a. Maximum Daily Value		b. Maximum 30-Day Value (if available)		c. Long-Term Avg. Value (if available)		d. No. of Analyses	a. Concentration	b. Mass	a. Long-Term Avg Value		b. No. of Analyses
				(1) Concentration	(2) Mass	(1) Concentration	(2) Mass	(1) Concentration	(2) Mass				(1) Concentration	(2) Mass	
GC/MS FRACTION – ACID COMPOUNDS															
1A. 2-Chloro-phenol (95-57-8)			X												
2A. 2,4-Dichlor-Orophenol (120-83-2)			X												
3A. 2,4-Dimeth-ylphenol (105-67-9)			X												
4A. 4,6-Dmitro-o-cresol (534-52-1)			X												
5A. 2,4-Dinitro-phenol (51-28-5)			X												
6A. 2-Nitro-phenol (88-75-5)			X												
7A. 4-Nitro-phenol (100-02-7)			X												
8A. P-chloro-m-cresol (59-50-7)			X												
9A. Pentachloro-phenol (87-88-5)			X												
10A. Phenol (108-05-2)			X												
11A. 2,4,6-Tri-chlorophenol (88-06-2)			X												
GC/MS FRACTION – BASE/NEUTRAL COMPOUNDS															
1B. Acena-phthene (83-32-9)			X												

Part C – Continued

1. POLLUTANT And CAS NO. (if available)	2. MARK "X"			3. EFFLUENT							4. UNITS		5. INTAKE (optional)		
	a. Testing Required	a. Believed Present	b. Believed Absent	a. Maximum Daily Value		b. Maximum 30-Day Value (if available)		c. Long-Term Avg. Value (if available)		d. No. of Analyses	a. Concentration	b. Mass	a. Long-Term Avg Value		b. No. of Analyses
				(1) Concentration	(2) Mass	(1) Concentration	(2) Mass	(1) Concentration	(2) Mass				(1) Concentration	(2) Mass	
GC/MS FRACTION – BASE/NEUTRAL COMPOUNDS (Continued)															
2B. Acenaphtylene (208-96-8)			X												
3B. Anthracene (120-12-7)			X												
4B. Benzidine (92-87-5)			X												
5B. Benzo(a)-anthracene (56-55-3)			X												
6B. Benzo(a)-pyrene (50-32-8)			X												
7B. 3,4-Benzo-fluoranthene (205-99-2)			X												
8B. Benzo(ghi) perylene (191-24-2)			X												
9B. Benzo(k)-fluoranthene (207-08-9)			X												
10B. Bis(2-chloroethoxy)-methane (111-91-1)			X												
11B. Bis (2-chloroisopropyl)-Ether			X												
12B. Bis (2-ethylhexyl)-phthalate (117-81-7)			X												

Part C – Continued

1. POLLUTANT And CAS NO. (if available)	2. MARK "X"			3. EFFLUENT							4. UNITS		5. INTAKE (optional)		
	a. Testing Required	a. Believed Present	b. Believed Absent	a. Maximum Daily Value		b. Maximum 30-Day Value (if available)		c. Long-Term Avg. Value (if available)		d. No. of Analyses	a. Concentration	b. Mass	a. Long-Term Avg Value		b. No. of Analyses
				(1) Concentration	(2) Mass	(1) Concentration	(2) Mass	(1) Concentration	(2) Mass				(1) Concentration	(2) Mass	
GC/MS FRACTION – BASE/NEUTRAL COMPOUNDS (Continued)															
13B. 4-Bromo-phenyl Phenyl ether (101-55-3)			X												
14B. Butyl-benzyl phthalate (85-68-7)			X												
15B. 2-Chloro-naphthalene (7005-72-3)			X												
16B. 4-Chloro-phenyl phenyl ether (7005-72-3)			X												
17B. Chrysene (218-01-9)			X												
18B. Dibenzo-(a,h) Anthracene (53-70-3)			X												
19B. 1,2-Dichloro-benzene (95-50-1)			X												
20B. 1,3-Dichloro-Benzene (541-73-1)			X												
21B. 1,4-Dichloro-benzene (106-46-7)			X												
22B. 3,3-Dichloro-benzidene (91-94-1)			X												
23B. Diethyl Phthalate (84-66-2)			X												

Part C – Continued

1. POLLUTANT And CAS NO. (if available)	2. MARK "X"			3. EFFLUENT							4. UNITS		5. INTAKE (optional)		
	a. Testing Required	a. Believed Present	b. Believed Absent	a. Maximum Daily Value (1) Concentration	a. Maximum Daily Value (2) Mass	b. Maximum 30-Day Value (if available) (1) Concentration	b. Maximum 30-Day Value (if available) (2) Mass	c. Long-Term Avg. Value (if available) (1) Concentration	c. Long-Term Avg. Value (if available) (2) Mass	d. No. of Analyses	a. Concentration	b. Mass	a. Long-Term Avg. Value (1) Concentration	a. Long-Term Avg. Value (2) Mass	b. No. of Analyses
GC/MS FRACTION – BASE/NEUTRAL COMPOUNDS (Continued)															
24B. Dimethyl Phthalate (131-11-3)			X												
25B. Di-N-butyl Phthalate (84-74-2)			X												
26B. 2,4-Dinitro-toluene (121-14-2)			X												
27B. 2,6-Dinitro-toluene (606-20-2)			X												
28B. Di-n-octyl Phthalate (117-84-0)			X												
29B. 1,2-diphenyl-hydrazine (as azonbenzene) (122-66-7)			X												
30B. Fluoranthene (208-44-0)			X												
31B. Fluorene (86-73-7)			X												
32B. Hexachloro-benzene (118-71-1)			X												
33B. Hexachloro-butadiene (87-68-3)			X												
34B. Hexachloro-cyclopenta-diene (77-47-4)			X												

Part C – Continued

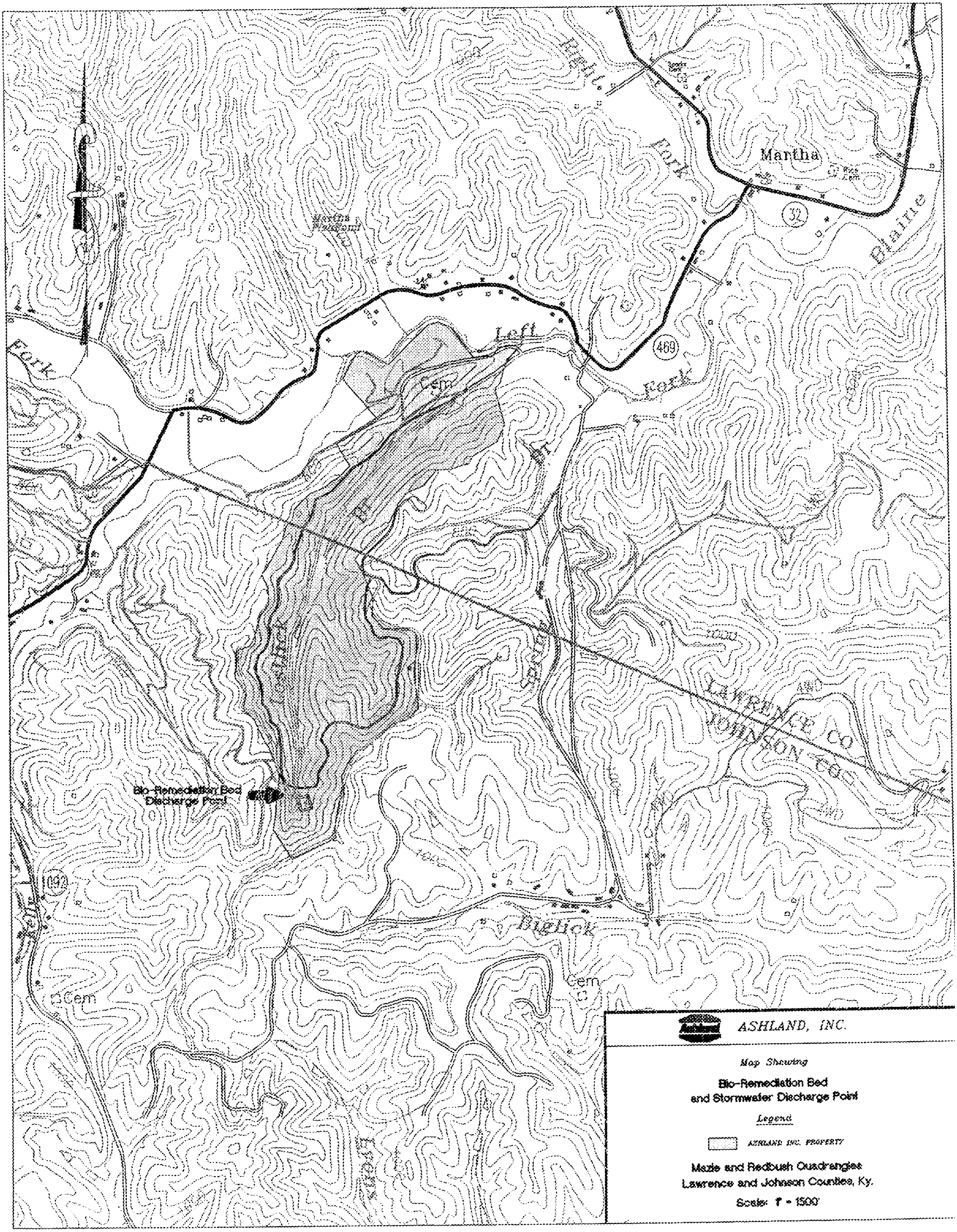
1. POLLUTANT And CAS NO. (if available)	2. MARK "X"			3. EFFLUENT							4. UNITS		5. INTAKE (optional)		
	a. Testing Required	a. Believed Present	b. Believed Absent	a. Maximum Daily Value (1) Concentration	a. Maximum Daily Value (2) Mass	b. Maximum 30-Day Value (if available) (1) Concentration	b. Maximum 30-Day Value (if available) (2) Mass	c. Long-Term Avg. Value (if available) (1) Concentration	c. Long-Term Avg. Value (if available) (2) Mass	d. No. of Analyses	a. Concentration	b. Mass	a. Long-Term Avg Value (1) Concentration	a. Long-Term Avg Value (2) Mass	b. No. of Analyses
GC/MS FRACTION – BASE/NEUTRAL COMPOUNDS (Continued)															
35B. Hexachloroethane (67-72-1)			X												
36B. Indeno-(1,2,3-cc)-Pyrene (193-39-5)			X												
37B. Isophorone (78-59-1)			X												
38B. Napthalene (91-20-3)			X												
39B. Nitrobenzene (98-95-3)			X												
40B. N-Nitrosodimethylamine (62-75-9)			X												
41B. N-nitrosodi-n-propylamine (621-64-7)			X												
42B. N-nitrosodiphenylamine (86-30-6)			X												
43B. Phenanthrene (85-01-8)			X												
44B. Pyrene (129-00-0)			X												
45B. 1,2,4 Trichlorobenzene (120-82-1)			X												

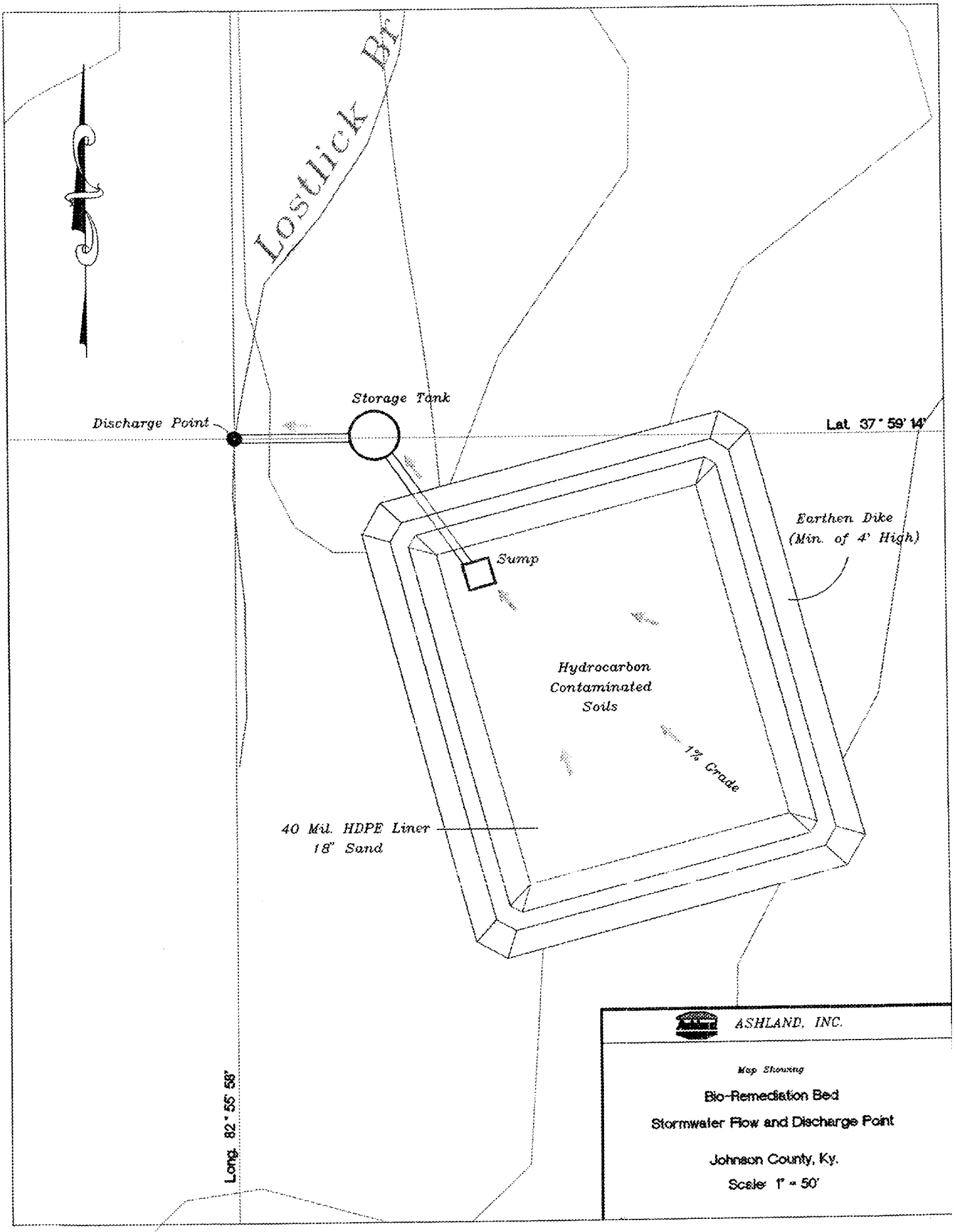
Part C – Continued

1. POLLUTANT And CAS NO. (if available)	2. MARK "X"			3. EFFLUENT							4. UNITS		5. INTAKE (optional)		
	a. Testing Required	a. Believed Present	b. Believed Absent	a. Maximum Daily Value		b. Maximum 30-Day Value (if available)		c. Long-Term Avg. Value (if available)		d. No. of Analyses	a. Concentration	b. Mass	a. Long-Term Avg. Value		b. No. of Analyses
				(1) Concentration	(2) Mass	(1) Concentration	(2) Mass	(1) Concentration	(2) Mass				(1) Concentration	(2) Mass	
GC/MS FRACTION – PESTICIDES															
1P. Aldrin (309-00-2)			X												
2P. α-BHC (319-84-6)			X												
3P. β-BHC (58-89-9)			X												
4P. gamma-BHC (58-89-9)			X												
5P. δ-BHC (319-86-8)			X												
6P. Chlordane (57-74-9)			X												
7P. 4,4'-DDT (50-29-3)			X												
8P. 4,4'-DDE (72-55-9)			X												
9P. 4,4'-DDD (72-54-8)			X												
10P. Dieldrin (60-57-1)			X												
11P. α-Endosulfan (115-29-7)			X												
12P. β-Endosulfan (115-29-7)			X												
13P. Endosulfan Sulfate (1031-07-8)			X												
14P. Endrin (72-20-8)			X												

Part C – Continued

1. POLLUTANT And CAS NO. (if available)	2. MARK "X"			3. EFFLUENT							4. UNITS		5. INTAKE (optional)		
	a. Testing Required	a. Believed Present	b. Believed Absent	a. Maximum Daily Value		b. Maximum 30-Day Value (if available)		c. Long-Term Avg. Value (if available)		d. No. of Analyses	a. Concentration	b. Mass	a. Long-Term Avg Value		b. No. of Analyses
				(1) Concentration	(2) Mass	(1) Concentration	(2) Mass	(1) Concentration	(2) Mass				(1) Concentration	(2) Mass	
GC/MS FRACTION – PESTICIDES															
15P. Endrin Aldehyde (7421-93-4)			X												
16P Heptachlor (76-44-8)			X												
17P. Heptaclor Epoxide (1024-57-3)			X												
18P. PCB-1242 (53469-21-9)			X												
19P. PCB-1254 (11097-69-1)			X												
20P. PCB-1221 (11104-28-2)			X												
21P. PCB-1232 (11141-16-5)			X												
22P. PCB-1248 (12672-29-6)			X												
23P. PCB-1260 (11096-82-5)			X												
24P. PCB-1016 (12674-11-2)			X												
25P. Toxaphene (8001-35-2)			X												


Martha
32
469
Right Fork
Blaine
Left Fork
Fork
Cem
Bio-Remediation Bed
Discharge Point
LAWRENCE CO
JOHNSON CO
1092
Biglick
Cem
Cem
ASHLAND, INC.
Map Showing
Bio-Remediation Bed
and Stormwater Discharge Point
Legend
ASHLAND INC. PROPERTY
Mazie and Redbush Quadrangles
Lawrence and Johnson Counties, Ky.
Scale: 1" = 1500'


Lostlick Br.
Storage Tank
Discharge Point
Lat. 37° 59' 14"
Earthen Dike
(Min. of 4' High)
Sump
Hydrocarbon
Contaminated
Soils
1% Grade
40 Mil. HDPE Liner
18" Sand
Long. 82° 55' 58"
ASHLAND, INC.
Map Showing
Bio-Remediation Bed
Stormwater Flow and Discharge Point
Johnson County, Ky.
Scale: 1" = 50'

LABORATORY ANALYSIS

03/06/02

KENVIRONS

452 Versailles Road Frankfort,KY 40601
Phone:(502)695-4357 Fax:(502)695-4363

ASHLAND, INC.
2000 ASHLAND DRIVE
RUSSELL, KY 41169

ATTN: JEFFREY L. ROBERTS

SAMPLE IDENTIFICATION :
BIO BED HOLDING TANK

PROJECT NO.: 1998096
LAB. NUMBER: 167090
DATE RECEIVED: 03/01/02
DATE SAMPLED: 02/28/02
SAMPLED BY: B. KNARR

FIELD DATA:
PH-7.2, TEMP 4 DEG C

PARAMETER NAME	LAB RESULT	EQL/MDL	UNITS	DATE/TIME	ANALYST	METHOD
AMMONIA	<1.0	1.0	MG/L	03/05/02 14:00	JBG	4500-NI
BIOCHEMICAL OXYGEN DEMAND	<6.0	6.0	MG/L	03/06/02 10:23	MPS	5210
CHEMICAL OXYGEN DEMAND	39.0	5.0	MG/L	03/05/02 16:30	MPS	5220C
CHLORIDE	235.0	50.0	MG/L	03/05/02 09:00	JLH	4500-CI
FLUORIDE	<0.10	0.10	MG/L	03/03/02 09:00	JLH	4500-F
TOTAL ORGANIC CARBON	18.6	1.0	MG/L	03/04/02 15:00	JLH	5310

ANALYSIS PER:
SUBMITTED Laura Burkhart DATE 3-6-02

MINERAL LABS, INC.
Box 549, Salyersville, Kentucky 41465, (606) 349-6145
Fax (606) 349-6106

7-Jan-02

Ashland Inc
P.O Box 185
Martha, Ky 41159

Project Name: Martha Reclamation
Location: Martha Oil Fields
Sample ID: Bio-Bed #2 Discharge
Date Collected: 12/6/2001
MLI # 01L0024

RE: BTEX

Parameter	Result	UNITS	MDL	Method
Benzene	<2.0	UG/L	2.0	8020AM
Toluene	<2.0	UG/L	2.0	8020AM
Ethylbenzene	<2.0	UG/L	2.0	8020AM
Xylenes, Total	<6.0	UG/L	6.0	8020AM
MTBE	<10.0	UG/L	10.0	8020AM
PH	6.80	S.U.	9.0	SM4500 H-B
TSS	14	MG/L		SM2540-D
OIL GREASE	<5	MG/L		SM5520-B

Submitted By

Box 549, Salyersville, Kentucky 41465, (606) 349-6145
Fax (606) 349-6106

MLI
AL LABS, INC.

L - WATER - SOIL ANALYSIS

PAGE#: 1

DATE REC'D: 2/14/02

DATE ANALYZED: 2/15/02

NUMBER: 2020031 4075

ASHLAND INC
P.O. BOX 185
MARTHA, KY 41159

#021402-01; CUSTOMER SAMPLED

TEST DESCRIPTION	RESULTS	UNITS	METHOD	ANALYST
PH	6.43	S.U.	SM 4500-H+	S.C.
SUSPENDED SOLIDS	10	mg/L	SM 2540D	S.C.
OIL & GREASE	9.03	mg/L	SM5520B	J.A.

RECEIVED
FEB 25 2002
By _____

SUBMITTED BY

EBERLINE SERVICES

Oak Ridge Laboratory
601 Scarboro Road
Oak Ridge, TN 37830
Phone (865) 481-0683
Fax (865) 483-4621

EBS-OR-16497

January 3, 2002

John Frazier
Auxier & Associates, Inc.
9821 Cogdill Road #1
Knoxville, TN 37932

CASE NARRATIVE
Work Order # 01-12049-OR

SAMPLE RECEIPT

This work order contains one water sample received 12/07/01. This sample was analyzed as dissolved and suspended for Gross Alpha/Beta. The dissolved sample was analyzed for Total Dissolved Solids. The suspended sample was analyzed for Total Suspended Solids.

CLIENT ID	LAB ID	CLIENT ID	LAB ID
120601-02 DIS	01-12049-04	120601-02 SUS	01-12049-05

ANALYTICAL METHODS

Gross Alpha/Beta was performed by gas-flow proportional counting using EPA Method 900.0 modified. Total Dissolved Solids were performed using ASTM Method 2540C. Total Suspended Solids were performed using ASTM Method 2540D.

ANALYTICAL RESULTS

GROSS ALPHA/BETA

Gross Alpha/Beta samples were prepared by evaporation of an acidified aliquot of the sample and transfer of the reduced sample to a steel planchet for final evaporation to dryness. The samples were then counted by use of a gas proportional counter.

Due to a high Total Dissolved Solids content within this sample, very small aliquots were analyzed in order to minimize self-absorption due to residual mass on the final counting planchet. Due to this condition, detection limits are slightly high for the dissolved fraction. Sample count times were increased in order to obtain an as best as possible detection limit. Samples demonstrated near detection limit equivalent results for both Gross Alpha and Gross Beta activity within the dissolved and suspended fractions. Results for the Gross Alpha and Gross Beta replicates demonstrated slightly high relative percent differences based on a criterion of 20%. Results for both replicates demonstrated acceptable normalized differences based on a criterion of 2.58. Results for the Gross Alpha laboratory control sample demonstrated a slightly high normalized difference based on a criterion of 2.58. Results for the Gross Alpha laboratory control sample demonstrated an acceptable percent recovery based on a criterion of 80% to 120%. Results for the Gross Beta laboratory control sample demonstrated a slightly high normalized difference based on a criterion of 2.58. Results for the Gross Beta laboratory control sample demonstrated an acceptable percent recovery based on a criterion of 80% to 120%.

00015

CERTIFICATION OF ACCURACY

I certify that this data report is in compliance with the terms and conditions of the Purchase Order, both technically and for completeness, for other than the conditions detailed above. Release of the data contained in this hard copy data package has been authorized by the cognizant project manager or his/her designee to be accurate as verified by the following signature.

M.R. McDougall
Laboratory Manager

Date: 1/3/2002

00016

John Frazier
Auxier & Associates, Inc.
9821 Cogdill Road #1
Knoxville, TN 37932

SDG: 0112049
Matrix: Water

Lab ID	Client ID	Sample Date	Receipt Date	Analysis Date	Batch ID	Analyte	Method	Result	Error	MDA	Units
01-12049-01	K KNOWN	12/07/01	12/07/01	12/11/01	0112049	Gross Alpha	EPA 900.0 Modified	303.79	13.06		pCi/l
01-12049-01	S SPIKE	12/07/01	12/07/01	12/11/01	0112049	Gross Alpha	EPA 900.0 Modified	340.25	9.08	0.68	pCi/l
01-12049-02	B BLANK	12/07/01	12/07/01	12/11/01	0112049	Gross Alpha	EPA 900.0 Modified	-0.13	0.20	0.68	pCi/l
01-12049-03	D 120601-02 DIS	12/06/01	12/07/01	12/12/01	0112049	Gross Alpha	EPA 900.0 Modified	-4.08	8.65	9.60	pCi/l
01-12049-04	120601-02 DIS	12/06/01	12/07/01	12/12/01	0112049	Gross Alpha	EPA 900.0 Modified	2.70	9.08	9.53	pCi/l
01-12049-05	120601-02 SUS	12/06/01	12/07/01	12/12/01	0112049	Gross Alpha	EPA 900.0 Modified	0.11	0.55	0.94	pCi/l
01-12049-01	K KNOWN	12/07/01	12/07/01	12/11/01	0112049	Gross Beta	EPA 900.0 Modified	277.43	8.32		pCi/l
01-12049-01	S SPIKE	12/07/01	12/07/01	12/11/01	0112049	Gross Beta	EPA 900.0 Modified	293.51	7.54	1.22	pCi/l
01-12049-02	B BLANK	12/07/01	12/07/01	12/11/01	0112049	Gross Beta	EPA 900.0 Modified	-0.27	0.55	1.23	pCi/l
01-12049-03	D 120601-02 DIS	12/06/01	12/07/01	12/12/01	0112049	Gross Beta	EPA 900.0 Modified	14.08	13.71	13.39	pCi/l
01-12049-04	120601-02 DIS	12/06/01	12/07/01	12/12/01	0112049	Gross Beta	EPA 900.0 Modified	11.03	13.63	13.37	pCi/l
01-12049-05	120601-02 SUS	12/06/01	12/07/01	12/12/01	0112049	Gross Beta	EPA 900.0 Modified	0.31	1.11	1.73	pCi/l
01-12049-04	120601-02 DIS	12/06/01	12/07/01	12/07/01	0112049	TDS	ASTM 2540C	2676.00			mg/l
01-12049-05	120601-02 SUS	12/06/01	12/07/01	12/07/01	0112049	TSS	ASTM 2540D	24.00			mg/l

0010

K=Known,S=Spike,B=Blank,D=Duplicate,MS=Matrix Spike

ERNIE FLETCHER
GOVERNOR

ENVIRONMENTAL AND PUBLIC PROTECTION CABINET
DEPARTMENT FOR ENVIRONMENTAL PROTECTION
DIVISION OF WATER
14 REILLY ROAD
FRANKFORT, KENTUCKY 40601-1190
www.kentucky.gov

LAJUANA S. WILCHER
SECRETARY

August 15, 2005

Mr. Jeffrey Roberts
Ashland Incorporated
Post Office Box 185
Martha, Kentucky 41159

Re: KPDES No.: KY0103675
Ashland Incorporated
Johnson County, Kentucky

Dear Mr. Roberts:

Our records indicate that your Kentucky Pollutant Discharge Elimination System (KPDES) permit is due to expire on March 31, 2006. According to KPDES Regulation 401 KAR 5:060, "any person with a currently effective permit shall submit a new application at least 180 days before the expiration of the existing permit..." **The due date for your permit renewal application is September 30, 2005.**

Please complete the enclosed application forms and return to the KPDES Branch, Division of Water, at the above address by the indicated due date. Applications received after the due date are in violation of 401 KAR 5:060, Section 1, which could result in enforcement action being taken.

If you have any questions regarding the completion of these forms, please contact me at (502) 564-2225, extension 465.

Sincerely,

Courtney Seitz

Courtney Seitz, Supervisor
Inventory and Data Management Section
KPDES Branch
Division of Water

CS:TJB:tjb
Enclosures
c: Hazard Regional Office
Division of Water Files